



## CITIZEN ACADEMY APPLICATION FORM



Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name  
Please Print \_\_\_\_\_  
Last First Middle

Address  
Street \_\_\_\_\_  
City Zip

Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Reason for Wanting to Participate in Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND COMPLETED APPLICATION TO:

Sean Kochanowski, Lieutenant,  
Saline County Sheriff's Office  
251 N. Tenth, P.O. Box 1606  
Salina, Kansas 67402-1606